As such Jajpur Keonjhar Road does not qualify for provision of computerised reservation at present.

Landed Price of LNG and Naphtha

*370. SHRI ANANTRAY DEVSHANKER DAVE:

SHRI BRATIN SENGUPTA:

Will the Minister of CHEMICALS AND FERTILIZERS be pleased to state:

(a) the price of LNG at various sites of the inland urea manufacturing companies; and

(b) how does it compare with the landed price of Naphtha at these sites, assuming today's international LNG prices?

THE MINISTER OF CHEMICALS AND FERTILIZERS (SHRI SURESH PRABHU): (a) and (b) Currently, there is no import of LNG in the country. The price of LNG varies from contract to contract and is not quoted or published as in the case of crude oil and other petroleum products. Therefore, it is not possible to compare the price of naphtha with an international LNG price.

Meeting of National Commission on Population

*371 SHRI KARNENDU BHATTACHARJEE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the first meeting of the National Commission on Papulation was held in New Delhi, recently;

(b) if so, the major decisions arrived therein;

(c) whether the Commission has formulated any instant action plan for arresting the burgeoning growth of population; and

(d) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR, C.P.THAKUR): (a) Yes, Sir. The first meeting of the National Commission on Population has been held on 22nd July, 2000 at New Delhi.

(b) The following arc the major decisions arrived in the meeting:—

(i) A National Population Stabilization Fund will be set up which will provide a window for canalising monies from national

voluntary sources to specifically aid projects designed to contribute to population stabilization. Planning Commission will provide seed money of Rs. 100 crores towards this Fund.

(ii) An Empowered Action Group (EAG) will be set up in the Ministry of Health and Family Welfare which will be charged with the responsibility of preparing area specific programmes, with special emphasis on states that have been lagging behind in containing population growth to manageable limits. The EAG will also concentrate on involving voluntary associations, community organisations and Panchayati Raj Institutions in this national effort. It will explore the possibility of expanding the scope of "social marketing" of contraceptives in a manner that makes them easily accessible even while raising awareness levels.

(iii) In order to provide more focussed and professional inputs for population stabilization, the Commission will consider constituting Working Groups/Task Forces on the following subjects:—

(a) Unmet needs for contraception, maternal and child health

(b) Unmet needs of other social sectors like health, women's development, nutrition, water supply & sanitation

(c) Primary and Secondary Education in relation to population stabilization

(d) Registration of births, deaths and marriages

(e) Media for IEC and motivation

(0 Mainstreaming of Indian Systems of Medicine and Homeopathy

(g) Adolescents

(h) Mechanism for monitoring by the Commission

(i) Involvement of civil society, including industry, labour and NGOs.

(iv) The National Commission on Population will look at the impact of various programmes on the ground with a view to identifying

success stories and gaps. Operation research and studies could thereafter be got conducted on intcr-sectoral/cross cutting themes.

(v) In order to ensure optimal utilisation of funds, funds would be linked to performance, determined by incremental increases in key indicators.

(vi) Payment of arrears to the staff of the family welfare department will be cleared by 31st March, 2001. Funds will also be provided for supplies and equipment essential for meeting the unment need, like contraceptives, vaccines, drugs, tubal rings etc. either through re-appropriation or by providing additional funds.

(c) and (d) The National Population Policy, 2000, has an Action Plan, comprising over 100 operational strategies. The immediate objective is to address the unmet needs in contraception, health infrastructure, and trained health personnel providing reproductive and child health care. The medium term objective is to bring about reductions in total fertility rate to 2.1 by 2010. The long-term objective is to bring about population stabilization by 2045.

Family Welfare Schemes for Tribals in Uttar Pradesh

†*372. SHRI MANOHAR KANT DHYANI: Will the Ministerof HEALTH AND FAMILY WELFARE be pleased to state:

(a) the names of family welfare scheme sponsored by Government for the benefit of tribals living in adivasi dominant areas of Uttar Pradesh;

(b) the names of agencies working for the same;

(c) the status of these programmes in tribal Tehsil of Chakrota in Dehradun district; and

(d) the total number of beneficiaries during the last three years; till now?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) All the schemes implemented by Government under the National Family Welfare Programme are extended for the benefit of tribals in adivasi

† Original notice of the question was received in Hindi.